



## The Delaware Health Care Commission Meeting

May 2, 2019  
9 a.m. - 11:00 a.m.

### **Meeting Attendance and Minutes**

**Commission Members Present:** Dr. Nancy Fan (Chair), Dr. Kara Odom Walker (DHSS), Theodore W. Becker (Mayor of Lewes), Robert Dunleavy (DSCYTF), Trinidad Navarro (DOI), Dr. Edmondo Robinson (CCHS), Dennis Rochford (Maritime Exchange for DE River & Bay), and David Roose (DOF)

**Commission Members Absent:** Secretary Rick Geisenberger (DOF), Richard Heffron, Dr. Jan Lee (DHIN), and Dr. Kathleen Matt (UD)

**Meeting Facilitator:** Dr. Nancy Fan (Chair)

**Health Care Commission Staff:** Elisabeth Scheneman, Executive Director and Eschalla Clarke, Senior Social Service Administrator

### **CALL TO ORDER**

Dr. Fan called the meeting to order at approximately 9:00 a.m.

### **Meeting Minutes Approval – April 4, 2019**

The meeting convened at approximately 9:00 a.m. at the Del Tech Terry Campus in the Corporate Training Center located at 100 Campus Drive, Dover, Delaware. Dr. Fan welcomed all who were in attendance and reviewed the agenda for the meeting. Dr. Fan requested that the commissioners review the draft minutes from the meeting held on April 4, 2019. Dr. Fan motioned for the meeting minutes to be approved. All commissioners present had no questions and were in favor. Motion carried. View the approved April 4, 2019, meeting minutes here:

[https://publicmeetings.delaware.gov/Document/60996\\_Minutes-Final.pdf](https://publicmeetings.delaware.gov/Document/60996_Minutes-Final.pdf)

### **BOARD BUSINESS**

#### **Letters of support policy and template**

Previously discussed at the April meeting, Dr. Fan asked the commissioners if they had any comments about the qualification and framework for the letter of support policy and template. Hearing none, Dr.

Fan asked for a motion to accept. Commissioners voted in favor. Dr. Fan asked Elisabeth Scheneman if the policy could be posted on the Health Care Commission's website. A copy of the policy is pasted below and available on the HCC's website: [https://dhss.delaware.gov/dhss/dhcc/ltrsprtplcy\\_042019.pdf](https://dhss.delaware.gov/dhss/dhcc/ltrsprtplcy_042019.pdf)

## **DELAWARE HEALTH CARE COMMISSION - LETTER OF SUPPORT POLICY AND PROCEDURE (April 2019)**

To request a letter of support, please email [DHCC@delaware.gov](mailto:DHCC@delaware.gov)

### **Standard Qualification**

- DHCC will provide a letter for support for applications/grants/initiatives that align with the DHCC's mission, goals, and/or initiatives

**Mission Statement:** *The DHCC strives to foster initiatives, design plans, and implement programs that promote access to high-quality affordable care, improve outcomes for all Delawareans, and foster collaboration among the public and private sectors regarding health care.*

### **Roles, Responsibilities and/or Goals:**

- Collaborate with other State agencies, instrumentalities, and private sector
- Convene stakeholders
- Initiate Pilots
- Analyze the impact of previous and current initiatives
- Recommend policy changes to support improved access to high-quality, affordable care

### **Framework and Procedure**

- Requests must meet the standard qualification
- Requests should be made 6-8 weeks in advance
- Request is initially reviewed by the DHCC staff
  - Check if request meets standard qualification
  - Draft response that follows the Letter of Support template
- Request and draft letter is reviewed at DHCC monthly meeting
- Commissioners vote to approve/disapprove/modify letter
- DHCC staff finalizes letter and sends to organization

### **Strategic Retreat Action Items Follow-Up**

The commissioners held a Strategic Retreat on November 16, 2018. This portion of the meeting was an opportunity to review the action items that were developed at the Retreat, now that the Retreat is at the 6-month mark (what has been completed and what is outstanding). The Action Items are listed below and marked accordingly. The Annual Report is one outstanding item that has not been completed or discussed. Dr. Fan shared that the Commission is supposed to have an annual report to

the General Assembly by January regarding what policy recommendations the Commission has made and what initiatives the Commission supports. Dr. Fan does not believe the Commission has submitted an annual report to the General Assembly in at least five years. She assumes that the Commission will support having an annual report for 2020 based on their activity for 2019.

Skipping over the Action Items related to the Health Care Commission's program structure, Dr. Fan said these items would be addressed later in the meeting during the State Loan Repayment and DIMER segments.

The Commission has not yet discussed "Board Format Action Items," the process for addressing vacancies on the boards such as DIMER, DIDER, and HRB. Dr. Fan said she would circle back with Dr. Jan Lee, Dr. Kathleen Matt, and Elisabeth on this item. These are action items that could be done in the next six-months.

The commission has not developed a dashboard indicator, and Dr. Fan asked the commissioners how important this was as an action item. She summarized a dashboard indicator is essentially – we have goals, how well are we meeting these goals, what are the metrics on the dashboard, and how do we measure? The dashboard should be aligned with the Commission's mission statement. Dr. Fan asked if the commissioners have a concept of the dashboard, to share their thoughts. Should the dashboard be annual, longer, or shorter range? Dr. Fan suggested the dashboard could developed for 2020 and released in 2021 if the Commission decided to have a dashboard on an annual basis. The dashboard could be included in the annual report or be the basis of the annual report. Ted Becker shared he did not believe the dashboard should be the basis for the annual report, however, the dashboard is an important part of what the Commission is trying to accomplish.

Dr. Walker suggested if the Commission is trying to include a dashboard on measurable tracking items, the strategies need to be determined first, and then, figure out what are the actionable dashboard metrics would be. Otherwise, one could count something that does not change for five-years of duration and has little impact on the Commission's dialogue. If there are strategies that change over the course of the year, those could be helpful metrics included in the annual report or items to think about as the Commission has their conversations and creates agenda items. Dr. Walker suggested more conversation was needed on the dashboard.

Dr. Fan concluded that in the next six months, the two action items that the Commission could address: 1) board vacancies and 2) the dashboard. She asked the commissioners to send their feedback and comments to her or Elisabeth. After feedback is pulled together, the Commission could discuss. Dr. Robinson encouraged reframing the conversation a bit – figure out what the Commission is trying to accomplish (what is measurable, what is the time frame around that measurement – that is the conversation – the dashboard comes after). The dashboard is a tool and a means to the end, but not the end itself.

Dr. Fan agreed the dashboard is a tool, and a tool to see how successful and effective the Commission is as a body. It is not something the Commission has used before. Dr. Walker suggested the Commission start by looking at the goals discussed on a high-level at the Strategic Retreat. Dr. Fan remembered some of these items were discussed when the commissioners had a conversation about the mission statement. Below is a copy of the Action Items Summary with notations of items completed or not completed:

## **Action Items Summary**

### Mission Discussion Action Items:

1. Develop a new mission statement. (COMPLETED)
2. Conduct a formal orientation for all new commissioners (role, background information, structure, etc.). (COMPLETED)
3. Follow up to answer these questions: For special appointments on the commission, what are they representing? What role does the appointment from the General Assembly play? Is there a reporting requirement? (COMPLETED)
4. Complete an Annual Report. (NOT COMPLETED)

### DHCC Program Structure and Highlights Action Items:

1. Create a data base of DIMER, DIDER and SLRP students and graduates and determine who has remained in Delaware to practice medicine and if workforce diversity increased. Determine the return on investment of approximately \$2M in investment.
2. Determine the relationship between the HRB and the Health Care Finance Advisory Council and models from other states.
3. Fill vacancies on the boards. (NOT COMPLETED)

### Board Format Action Items:

1. Increase effectiveness of board processes including: ad hoc committee exploration and optimizing processes for board vacancies. (Elisabeth Scheneman, Janice Lee, and Nancy Fan will take the lead on this). (NOT COMPLETED)
2. Commissioners will send to Nancy and Elisabeth topics for agenda items and time frames for developing a meeting calendar. (COMPLETED)
3. Restructure agenda for seasonality. (COMPLETED)
4. Develop dashboard indicators. (NOT COMPLETED)

### ACTION ITEM: State Loan Repayment Program Awards

On March 15, 2019, the State Loan Repayment Program's (SLRP) first application cycle for calendar year 2019 closed. The Health Care Commission (HCC) received nine applications during this period – four applications were eligible for award, four applications were incomplete, and one application contained an ineligible loan. The commissioners received a handout with the proposed award amount for the four eligible applicants. The contracts are scheduled to start May 1, 2019 and end April 30, 2021. The HCC's program manager for SLRP (Eschalla Clarke) was in attendance and available to answer any questions.

Dr. Robinson inquired about the breakdown of the state and federal dollars for the awards. The breakdown is a 50/50 split. In the event the state does not have the funds to match the award, the match comes from the awardee's practice site. Dr. Fan asked for a motion to approve the awards. Ted Becker motioned to approve and Dr. Robinson seconded. Ted Becker added it was important to note that the state funds are not as great as the federal funds and that state funds can sometimes come up short. He stressed additional funding is important. Dr. Fan thought the state has been pretty steady in being able to provide match, however, there have been some issues in the past years. Dr. Fan then asked the commissioners to vote on the awards. All were in favor and the motion passed.

### State Loan Repayment Program discussion

Dr. Fan provided an update on the concept of a “state” sponsored state loan repayment program. The commissioners have discussed this topic at previous meetings and the Strategic Retreat in November 2018. The DIMER and DIDER board have also discussed. Dr. Fan and Elisabeth reached out to Tom Ferry who previously provided research to the HCC in 2012 regarding the DIMER, DIDER, SLRP, and the healthcare workforce. The HCC is interested in Mr. Ferry updating information in the reports, looking at data since 2012.

There is a lot of interest from state health systems to look at a state loan repayment program to help with workforce sustainability, especially within primary care. The Delaware Healthcare Association has been very supportive. There have also been discussions at the legislative level. Dr. Fan shared there will likely be a fiscal note attached and this could be something to consider for the next budget cycle in 2020 and could align nicely with Bayhealth’s new residency program.

Dr. Fan posed the question to the commissioners whether or not the Commission should continue the data contract conversation with Mr. Ferry so the commissioners can make a policy recommendation to increase support for the financial support ask recognizing that there might be something moving a little faster for this fiscal year General Assembly which might be successful without the HCC’s data support. Also, how much input would the commissioners like to have when they talk about the framework for a state sponsored program? For example, qualifications, private-public partnership, budget?

Dr. Robinson was in favor of the public-private partnership approach – it makes the pie bigger. He suggested it was time to run the process in parallel to convene the appropriate stakeholders and gather the data. The role of the HCC should not be minimized, it is an important role advocating for what they see is the need around the state, and the HCC should be heavily involved.

Dr. Fan commented there should be a natural non-partisan policymaking body since the HCC is already the oversight body for the federal student loan repayment program. The HCC is the natural home for a state sponsored program. Looking at the HCC’s bandwidth and capacity, only one staff member is dedicated to loan repayment and it is something to think about

Dr. Fan asked commissioners if they should officially convene stakeholders to discuss as a public meeting or if it should be her meeting with the stakeholders. Since it was agreed there has already been informal discussions, a public stakeholder meeting would be appropriate.

Dr. Fan opened for discussion what would be the financial ask turning to David Roose with the Department of Finance to comment. David shared that after the last DEFAC meeting, the state’s finances are looking pretty good at the moment, and the Administration would prefer to use those extra funds to be spent on one-time causes which sounds like the state loan repayment initiative would not be. Dr. Fan shared student loan repayment is a sustainability program. The commissioners agreed it makes sense to convene the stakeholders to have a robust conversation and start establishing a framework for a state program.

### Public Comment:

Wayne Smith, representing the Delaware Healthcare Association (DHA), stated they have strongly advocated for a state program and see this as a national problem and an opportunity to provide a very

attractive financial package at a level other states may not be willing to consider. DHA has already had off-line conversations with the chairs of the Senate and House health committees, and DHA would continue to participate in future meetings and conversations on state loan repayment.

Elizabeth Ikiki, RN, CDE, Pharm. D; Clinical Pharmacist at James T. Vaughn Correctional Center, asked if the Commission would consider pharmacists in the advanced discipline category when awarding loan repayment, instead of the mid-level discipline category. Pharm D. requires 6-8 years of school, similar to DDS/DMD.

Dr. Walker asked if Eschalla or Elisabeth could operationally describe the process for the designations (mid-level and advanced). Eschalla stated the mid-level starts at 30k and advanced at 70k. The Health Resources and Services Administration (HRSA) gives states the flexibility to set their designations based on need. To make a change, the state would need to seek approval from HRSA. Dr. Fan asked the commissioners if they would like to discuss this topic now or take some time to think about a recommendation to HRSA. Ted Becker thought it would be worth researching, and Dr. Walker suggested it would be helpful to have more information about Delaware's workforce profile as a whole and determine where the state should focus and prioritize. Dr. Fan recapped that data could be shared at another meeting and discussed.

Before moving on to the next agenda item, Dr. Fan asked if there was an additional public comment or suggestions as to what stakeholders should be invited to the public meeting besides health systems and payers. Lolita Lopez, with Westside Family Healthcare, suggested the Federally Qualified Health Centers. Another member of the public asked if the HCC has researched the Delaware Labor Market information. To date, the HCC has not researched.

## **POLICY DEVELOPMENT**

### Brain Injury Committee of Delaware

The Brain Injury Committee (BIC) sits under the State Council for Persons with Disabilities. <https://scpd.delaware.gov/committees.shtml> The Committee shared with the commission and meeting attendees' information about their work. Their mission is to improve the lives of Delawareans with brain injury and their families by providing the following:

1. a forum for the sharing and analysis of information
2. a network to identify and facilitate acquisition of enhanced resources
3. a technical assistance provider to educate public and private policymakers
4. an advocacy agency to promote a consumer-oriented, effective injury and prevention service delivery system.

The BIC is working to create a comprehensive Brain Injury Registry in Delaware in order to improve the service delivery model for individuals with Traumatic Brain Injuries (TBI) and Acquired Brain Injuries (ABI) and their families by coordinating and enhancing the system and its services. The Committee is working on developing the infrastructure to monitor the incidence and prevalence of mild, moderate and severe TBI cases. The Committee is also working on promoting the prevention of brain injuries throughout the lifespan by increasing outreach, awareness and education of TBIs. To raise awareness, the BIC met with Representative Rochester's office and Senator Carper.

The BIC serves as Delaware's coordinating agency for collaboration across agencies with representation from the majority of agencies who serve people with TBIs and their families. Unfortunately, due to the majority of critical care centers only reporting the first level of injury treated in the ERs, they are not able to adequately track initial and secondary instances of brain injury because it is not being reported by the treating facilities. The true incidence and prevalence of TBIs are unknown given that many individuals who suffer a mild TBI (concussion) go untreated, thus unreported. It is estimated that 20 – 30% of TBI cases are treated in a physician's office or other outpatient setting.

Dr. Fan asked if the BIC has created a proposal or framework to gather the information for the registry. Karen McGloughlin (Chair of the BIC Data Development Subcommittee and Bureau of Health Equity, Division of Public Health) shared that the Committee has been working with the Delaware Health Information Network (DHIN) to see what data is already available and how the Committee could access in a usable way to find out the number of Delawareans with a brain injury and what kind of care they are receiving.

Dr. Fan asked about the composition of the Brain Injury Committee. Tammy Clifton, the Committee chair said she would provide the HCC with a membership list. A list can be found at, <https://scpd.delaware.gov/pdfs/BIC-Membership.pdf>.

#### Public Comment

A member of the public shared information about his startup company that focuses on care coordination for individuals with high risk and high vulnerability. They are working with the Veterans Administration on a behavioral health proposal which could also include TBI.

#### **UPDATES**

##### DIMER meeting highlights (April 17, 2019 meeting)

Dr. Fan and Elisabeth provided a summary of the recent quarterly DIMER board meeting held on April 17, 2019. Elisabeth shared that the first half of the DIMER meeting was an update from the schools – Sidney Kimmel Medical College and the Philadelphia College of Osteopathic Medicine (PCOM). Elisabeth offered to share the school reports with the commissioners. She then provided a summary on the recent event at Christiana Care celebrating their branch campus program, the Delaware medical education pipeline. Over the last eight years, the Branch Campus has successfully graduated seven Branch Campus classes totaling 105 students, who have all completed 3rd and 4th year clerkships in Delaware hospitals. In the upcoming academic year, 11 PCOM students and 8 students from Sidney Kimmel will join the Class of 2021. Of all the Delaware Branch Campus students over a time period from 2013 – 2020, 56% have a Delaware connection of some kind and 44% do not have a Delaware connection. This is encouraging to see a somewhat close split between Delaware and non-Delaware students.

Dr. Fan shared that the DIMER meeting included a presentation from Bayhealth regarding their new residency program. The presentation was very similar to Bayhealth's presentation to the commissioners on April 4, 2019.

The DIMER meeting also included an update on DIMER's partnership with the Delaware Health Sciences Alliance (DHSA). DHSA and the health systems will be hosting "Delaware Day" on Saturday, July 13th at

Delaware Technical Community College in Dover. This healthcare job fair is an opportunity for residents in any specialty, especially at Delaware's health systems, DIMER students in residency, previous Delaware Academy of Medicine loan recipients, NPs and PAs interested in Delaware practice. DHSA is also planning outreach events in Kent and Sussex counties slated for this summer and fall. Finally, DHSA is working with the HCC to create a DIMER alumni database and conduct a data analysis.

#### Public Comment

Lolita Lopez (Westside Family Healthcare) asked if there was a change in policy that the HCC is no longer announcing the names of student loan repayment awardees. Eschalla Clarke shared there has been some restriction releasing information because of confidentiality. The commissioners discussed what information should be disclosed. One thought was to publicly share practice site, location, specialty, and overall award amount across the program (not linked to an individual).

#### National Governors Association (NGA) Center for Best Practices

Dr. Fan shared Delaware applied for an NGA Request for Application to send state health policy leaders to a multi-state meeting in Indianapolis scheduled for June 5 and June 6. Delaware's application was accepted and the four attendees from Delaware that will attend include: Nicholas Conte, Jr. DMD, MBA (oral health representative), Gerard Gallucci, MD, MHS (behavioral health representative), Nichole Moxley (rural health representative), and Chris Oakes (aging and adults with physical disabilities representative). A copy of the application was provided to the commissioners. It is hoped the attendees will be able to share with the commissioners after the meeting a summary of what they learned.

#### Primary Care Collaborative

The Primary Care Collaborative will meet again on Thursday, May 9 at 6:00 p.m. in the Senate Hearing Room in Dover. The Collaborative last met in March. On May 9, the legislative recommendations will be discussed. Dr. Fan asked the commissioners if there was anything within payment reform that they would like to comment or address. Hearing none, Dr. Fan asked if there was any new or old business to discuss.

#### **ADJOURN**

Dr. Robinson announced the Bio International Convention is being held June 3 – June 6 in Philadelphia. The meeting has been framed as a tri-state meeting with emphasis on what is going on around Delaware. Delegations from Philadelphia are going to be coming to Delaware and touring facilities and looking at what issues around bio and pharma.

Dr. Robinson also highlighted the Health Care Claims Database and how critical it is for the state to have trusted data source that is timely and relevant and truly drives transparency. The HCCD is very important when looking at cost, quality, and getting to value. Dr. Robinson recommended the Commission should leverage that access and transparency.

Wayne Smith shared CMS announced new payment models and one is aimed at primary care. He recommended the state looking at this just released program.

Hearing no other business, Dr. Nancy Fan adjourned the meeting at approximately 11:24 a.m.



## **NEXT MEETING**

There is no quorum for the next regularly scheduled HCC meeting on June 6. The next HCC meeting will be held on **Thursday, July 11, 2019.**

## **Public Meeting Attendees**

Tammy Clifton  
Sharon Lyons  
Karen McGloughlin  
Lolita Lopez  
Wayne Smith  
Kathy Collison  
Elizabeth Ikiki  
Mary Fenimore  
Carol Dancroft  
Jill Fredel  
Fleur M.  
John Gentile  
Bill Howard  
Kimberly Xavier  
Shay Scott

Brain Injury Committee  
Brain Injury Committee  
Division of Public Health  
Westside Family Healthcare  
Delaware Healthcare Association  
Division of Public Health  
James T. Vaughn Correctional Center  
Medical Society of Delaware  
DTCC  
DHSS  
DOI  
Office of Senator Carper  
DDC  
DMMA  
Henrietta Johnson Medical Center